STATE OF NEBRASKA HEALTH & HUMAN SERVICES REGULATION & LICENSURE CREDENTIALING DIVISION P.O. BOX 94986 LINCOLN, NEBRASKA 68509-4986

BEFORE THE BOARD OF EXAMINERS IN PHARMACY OF THE STATE OF NEBRASKA

IN THE MATTER OF THE F FOR REINSTATEMENT OF	,	_	OR REINSTATEMENT FOLLOWING ON, SUSPENSION, OR LIMITATION DUE
LICENSE OF)		INARY ACTION OR VOLUNTARY
TO PRACTICE PHARMACY	ý j	SURRENDE	R IN LIEU OF DISCIPLINARY ACTION
I hereby petition the Board of E		O my liaanaa nuu	nber to practice pharmacy in the State of
			ONE) REVOKED / SUSPENDED / LIMITED /
			, due to
			TATION (S) REMOVED for the following reasons:
I have submitted the following i			
	endations from practitioners o		
Two recommendations surrender was impose		iai knowledge of	my activities since the disciplinary measure/voluntary
Are you or were you licensed to	practice Pharmacy in any of	ther state(s)?	Yes No If Yes, state details:
Has your Pharmacy license in a state details:			against it? 🗖 Yes 🗖 No if Yes,
I solemnly declare that the fore	going are true and correct sta	atements.	
(Date)		(Typed or Pri	nted Name of Licensee)
(2 3.10)		(1)	
		Signod:	
State of)	Signed	
County of			
In	, in said county on this	day of	, 20, personally appeared
before me	being duly swor	n, deposes and sag	s that he/she has carefully and truthfully complied with
the above.			
Notary Stamp or Seal			
Notary Stamp of Sear		-	Notary Public
My commission expires:			Hotary Fusio
FOR OFFICE USE ONLY:			
Board's Recommendation:	Remove Limitation Reinstate		
_	DO NOT Reinstate / Rem	nove Limitations	(Board must allow Petitioner opportunity for a Public